

02-09-01

J1033 U.S. PTO  
09/779331

10/09/02

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

Title of Invention

Antiangiogenic Agents

Named Inventor(s)

Gregory E. Agoston  
Victor Pribluda  
Shawn J. Green(Only for new nonprovisional applications  
under 37 CFR 1.53(b))

Attorney Docket

43170-253406 (05213-0731)

Express Mail Label No.

EL610728038US

## APPLICATION ELEMENTS

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

## ACCOMPANYING APPLICATION PARTS

1. ☐ Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims Small Entity status
3. ☒ Specification, Claims,  
and Abstract Total Pages 39
4. ☒ Drawings Total Sheets 1
5. Oath or Declaration Total Pages
- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 16  
completed)  
The entire disclosure of the prior application, from which  
a copy of the oath or declaration is supplied under Box  
5b, is considered as being part of the disclosure of the  
accompanying application and is hereby incorporated  
by reference therein.
- (i) ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior  
application, see 37 CFR 1.63(d)(2)  
and 1.33(b).
6. ☐ Microfiche Computer Program (Appendix)

7. ☐ Nucleotide and/or Amino Acid Sequence  
Submission (if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of  
above copies
8. ☐ Assignment:
- a. ☐ Assignment Papers (cover sheet &  
document(s))
- b. ☐ Assignment is of record in parent  
application No. \_\_\_\_\_
9. ☐ 37 CFR 3.73(b) Statement  
(when there is an assignee)  
☐ Power of Attorney by assignee
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS) PTO-  
1449  
☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☐ Certified Copy of Priority Document(s)
15. ☐ Other: \_\_\_\_\_

16. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:  
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Recite complete dependency back to first parent application: \_\_\_\_\_

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